

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Romeo Liriani dba Myrtle Beach Bus

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2013 416 T

RECEIVED

NOV 12 2013

TRANS DEPT

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Romeo Liriani

Telephone: 843-449-4445

Address: 511 63rd Ave N

Fax: \_\_\_\_\_

Myrtle Beach

Other: 843-237-5599

SC 29572

Email: support@myrtlebeachtransportation.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Handwritten signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

**RECEIVED**

NOV 12 2013

Phone: (803) 896-5100 Fax: (803) 896-5199

TRANS DEPT APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

**RECEIVED**

NOV 12 2013

Date: 11/04/2013

CLASS C - CHARTER BUS

TRANS DEPT

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ROMEO LIRIANI DBA Myrtle Beach Bus

511 63rd Ave N, Myrtle Beach SC 29572

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-449-4445

Phone

N/A

Fax

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

### DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Romeo Liriani DBA Myrtle Beach Bus

Name of Applicant

1406 Commerce Place Myrtle Beach, SC 29577

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 6,593

Limits \$5,000,000 CSL

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

16 or More Passengers\* \$ 25,000/300,000/25,000

\* Passengers = Number of seatbelts in the vehicle.  
Including the driver's seatbelt

Occidental Fire & Casualty Co. of NC

P.O. Box 10800

Name of Insurance Company

702 Oberlin Rd Raleigh, NC 27605-0800

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11/7/13

Date

D. P. Wood

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

FORM E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY OF CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Check Type Cancelled:

BI and PD ☒

Cargo ☐

South Carolina Office of Regulatory Staff

(hereinafter called Commission)

Filed with

(NAME OF COMMISSION)

This is to certify, that the

Occidental Fire & Casualty Company of North Carolina  
(Name of Company)

(hereinafter called Company) of

1314 Douglas Suite 1600, Omaha, NE 68102  
(Home Office Address of Company)

has issued to

Romeo Liriani dba Myrtle Beach Bus  
(NAME OF MOTOR CARRIER)

of

1406 Commerce Place, Myrtle Beach, SC 29577  
(ADDRESS OF MOTOR CARRIER)

**RECEIVED**

NOV 12 2013

**TRANS DEPT**

a policy or policies of insurance effective from 11/07/2013, 12:01 A.M., standard time at the address of the Insured stated in said policy or policies and continuing until cancelled as provided herein, which, by the attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the Insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 158 NORTH HARBOR CITY BLVD.,  
(Street Address)  
Code)

MELBOURNE,  
(City)

FL  
(State)

32935  
(Zip)

This 11th day of November, 2013

Insurance Company File No.

CA00039862  
(Policy Number)

  
(Signature of Insurer)  
Robert Alkire

**Exhibit Fit, Willing, and Able (FWA)**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
U.S.D.O.T No.

\_\_\_\_\_  
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes                      ☒ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory              ☐ Conditional              ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes                      ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes                      ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes                      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*James L. Linn*

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

Harley

SWORN TO BEFORE ME

This 12th day of November, 2013

Pamela J. Banfield

Notary Public

Commission Expires

12/14/14